

DS Finance Model Project
Quick Reference
Words, Phrases and Abbreviations

These explanations should be considered within the context of the DS Finance Model Project. Other meanings may exist when used in other contexts

90/10 APD	"90-10" means that CMS provides 90% of the approved funds for eligible activities; "APD" stands for Advance Planning Document.
Assessment	A person-centered evaluation to estimate an individual's needs; assessments do not determine specific services.
Capitation	Refers to a model which pays a fixed amount per individual for a prescribed timeframe; providers would be paid a "cap," or fixed monthly (or daily) payment to provide care.
CMS	Centers for Medicare & Medicaid Services.
Cohort	A group of individuals sharing common defining characteristics or same experiences. Example: some payment models rely on assignments of individuals to cohorts - groups of individuals who have similar living situations and assessed level of need – to help determine funding levels.
DXC	The company that Vermont Medicaid uses to process claims.
Fee schedule	The rate paid to providers; in a fee-for-service payment model, the rate paid is for services actually delivered (versus planned services). A standard fee schedule would contain a rate for each service type and would be the same for all providers.
Funding level	Payment amount to support services for individuals or groups of individuals (cohorts).
Instrument	Also may be called "tool." Example: A standardized assessment instrument or tool.
Matrix	A table that looks at two characteristics (one in rows and the other in columns). Example: In the tiered matrix payment model, an individual might be assigned to a group (cohort) depending on where they fall in a matrix that looks at assessed need and living situation.
Methodology	Procedures or practices used to implement a specific payment model.
MMIS	Medicaid Management Information System, a computer processing that state Medicaid programs must have. The MMIS shows eligibility and processes claims.
Model	An approach or outline that describes how payment will be designed and made. Example: a payment model might outline payment frequency and group (cohort) funding levels.
Payment	Funding for services.
Person-centered	Assessment, planning, and care that reflects the unique wants / desires / needs of the individual.
Shadow claim	Claims for services and used to show how much service is provided; no payment is made because the payment model is designed to provide funding other than through claims.
SOC or SOCP	System of Care or System of Care Plan

